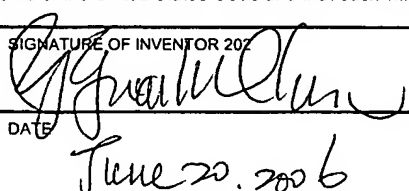


US

Akerman Senterfitt

<b>COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY</b> (Includes Reference to PCT International Application)		<b>ATTORNEY DOCKET NUMBER</b> 5853-454-1	
I hereby claim the benefit under 35 U.S.C. Sections 120 or 119(a) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT International filing date of this application.			
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120:			
<b>U.S. APPLICATIONS</b>		<b>STATUS (Check One)</b>	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	ABANDONED
60/509,175	October 7, 2003		<input checked="" type="checkbox"/>
PCT APPLICATIONS DESIGNATING THE U.S.			
PCT APPLICATION NUMBER	PCT FILING DATE	U.S. SERIAL NUMBER	
PCT/US2004/033214	October 7, 2004		<input checked="" type="checkbox"/>
<b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.			
Send Correspondence to: "Customer Number 30448"		Direct Telephone Calls to:	
Akerman Senterfitt P.O. Box 3188 West Palm Beach, FL 33402-3188		(561) 453-8000	
201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY
	MAILING ADDRESS	MAILING ADDRESS	CITY
			STATE & ZIP CODE/COUNTRY
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY
	MAILING ADDRESS	MAILING ADDRESS	CITY
			STATE & ZIP CODE/COUNTRY
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY
	MAILING ADDRESS	MAILING ADDRESS	CITY
			STATE & ZIP CODE/COUNTRY
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with no knowledge that willful false statements and the like are made or published by law or application of any patent issuing thereon.			
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202	
DATE		DATE	
10 April 2006			

BEST AVAILABLE COPY

<b>COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY</b> <small>(Includes Reference to PCT International Applications)</small>				ATTORNEY DOCKET NUMBER  5853-454-1	
I hereby claim the benefit under 35 U.S.C. Sections 120 or 119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:					
<b>PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. ? 20:</b>					
U.S. APPLICATIONS				STATUS (Check One)	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	ABANDONED	PENDING	
60/509,175	October 7, 2003		✓		
PCT APPLICATIONS DESIGNATING THE U.S.					
PCT APPLICATION NUMBER	PCT FILING DATE	U.S. SERIAL NUMBERS			
PCT/US2004/033214	October 7, 2004				✓
<b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.					
Send Correspondence to: <b>*Customer Number 30448*</b> Akerman Senterfitt P.O. Box 3188 West Palm Beach, FL 33402-3188			Direct Telephone Calls to:  (561) 653-5000		
201	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
	MAILING ADDRESS	MAILING ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
		BURNE	Robert	A.	
		Gainesville	FL	US	
		1226 SW 115th Street	Gainesville	FL 32607	
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
	MAILING ADDRESS	MAILING ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
		CHEN	Yi-Ywan	Margaret	
		Gainesville	FL	US	
		9421 NW 4th Place	Gainesville	FL 32607	
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP	
	MAILING ADDRESS	MAILING ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE		DATE		DATE	
		 June 20, 2006			